TO: PARENTS OF LABETTE COMMUNITY COLLEGE ATHLETES:

We are extremely pleased to have your son/daughter as a student athlete at Labette Community College and hope that he/she will achieve academic, social, and athletic success. Free physicals will be given at the beginning of the fall semester. Each student athlete is required to have a physical examination prior to participation in any intercollegiate sport or practice. The final decision on physical qualifications or reason for rejection is the responsibility of the team physician or athletic director. The team physician and/or athletic director also make the decision on when an athlete may return to competition after a previous injury.

INJURIES---MEDICAL BILLS---INSURANCE COVERAGE---CLAIM PROCEDURE

Accidents do occur and we attempt to provide our athletes with the very best possible care. Medical bills may be incurred when the athlete is treated for bodily injury due to an accident, whether it is locally, during a road trip, or by a medical vendor in his/her own home area.

ONE FIRM STATEMENT: The NJCAA discourages any college or university from providing coverage or paying the bills incurred for expenses related to illnesses or conditions which are not sustained as the direct result of an accident in our intercollegiate sports program. (This includes pre-existing conditions and non-athletic injuries.)

INSURANCE COVERAGE: The athletic accident insurance at Labette Community College provides coverage for your son/daughter for accidents while participating in the play or official team practice of intercollegiate sports, including sponsored and authorized team travel, subject to the exclusions and limitations of the policy.

CLAIM PROCEDURE: All medical bills for your son/daughter incurred as the result of an accident in the intercollegiate sports program will be sent directly to your son/daughter’s insurance carrier. All injuries must have an initial claim form submitted to the insurance carrier listing the incident or they will not pay the claim.

A. Pre-approval required for: (failure to attain will leave student responsible for medical cost)
   1. Non-emergency treatment
   2. Treatment outside LCC team physicians
   3. Second opinions on treatments
   4. Physical Therapy
   5. Treatments/consultations against medical opinion of team medical staff.

B. Medical bills incurred MUST be submitted to your family, employer group coverage or plan first. They will do one of two things:
   1. Honor the claim and pay all or a portion of the bills incurred.
   2. Not honor the claim and send you an EOB (Explanation of Benefits) stating that they have denied the claim. An example might be that your son/daughter is no longer part of your group policy after attaining the age of twenty-three or that you have changed jobs and they are no longer covered.

C. If there remains a balance after your family, employer group insurance or plan has contributed towards the claim, send the EOB (Explanation of Benefits) from the insurance company and a copy of the itemized bills incurred to the college's athletic department. Please mail ASAP as claims are only paid for 1 year from the injury incident.

   If you receive a denial (EOB-stating they will not pay) from your family, employer group insurance or plan administrator, then send a copy of the EOB denial and a copy of the bills incurred to the college's athletic department. If no coverage is available, a letter from your employer with verification will be necessary.

D. If bills incurred are not paid by the family or employer group insurance, the claim will be sent from the athletic department to our insurance carrier for processing. If they need any additional information, please cooperate with them and they will process the claim in the least possible amount of time. It is in your best interest to have the claim settled promptly since all bills incurred are in your name.

E. If you pay any bills out of your own pocket - you must submit a copy of the receipt before the insurance company can reimburse you.

F. If there are excessive charges that are not written off by the provider or charges that are not covered by the student’s or Labette Community College’s insurance carriers, the student will be responsible for any balances due.

PLEASE NOTE: If the primary family coverage is through an HMO (Health Maintenance Organization) or PPO (Preferred Provider Organization) you must follow the proper procedures required by your plan in order for the college's insurance to satisfactorily complete its portion of the claim. This is especially important if your plan requires pre-authorization to have your son/daughter treated if out of your plan’s service area.

Your cooperation in this important area will help make this program successful in minimizing delays and accomplishing the purpose for which it is intended.